



EPISODE 150 Are You Paralyzed By The Size Of Your Goal? Start With A Lemonade Stand!

With guest Dr. Nick Jenkins

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NJ: “I get so many positive reactions from people. I constantly have people say that, they tell me that this is the way that medicine used to be.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hi there, and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 150. It's very common to get an idea about something you want to do and daydream about it and what it might look like as you dream the vision may get bigger and bigger until at one point it collapses under its own weight.

For example, we sometimes hear physicians talk about how they want to have a lifestyle medicine practice where they can spend more time with patients and really help them with preventative care, and then they'll mention, “Oh, yeah, I could have a dietician or a

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nutritionist.” And there could be a therapist that they might see to help them with stress. And we could also have a trainer and we could have this facility where they could come in and they could take a yoga class, or maybe there's a meditation room they could come in anytime they wanted. “And and and and and.”

They get really excited and the vision grows but then it gets so big that it collapses under its own weight. And ideas don't even need to be anywhere this size to stop us. You might be thinking about starting a blog or being some type of consultant. However, the question of how to do this becomes a stop sign. When I see this happening, I find myself saying, “Don't overcomplicate it. Start with a lemonade stand. Start with the smallest version of what you are considering and just start.”

Our guest today, internal medicine hospitalist, Dr. Nick Jenkins is going to share his story of how, when he got the idea of starting his own direct primary care practice, he had no idea how he was going to do this. But by starting small and on a budget, he was able to move forward and create his business Evergreen Internal Medicine.

We're going to learn what made Dr. Jenkins leave his work as a teaching hospitalist, how he found this new unexpected direction and how he dealt with the unknown to start his very first business.

I think you'll really enjoy hearing the different things Nick did to start this business, including going to festivals and small concerts with his kids in tow to chat with potential patients and spread the word. It's my distinct honor and pleasure to welcome Dr. Nick Jenkins to the podcast. Hi Nick. Welcome.

NJ: Hi there, Heather. Thank you so much for having me.

HF: Oh, it's my pleasure. I'm really excited because I love your story and I love all the different things that you did to get this business going. Yeah, very, very fun and creative.



But before we jump into the business, I'd love it if you could share what was going on when you really started thinking you might need to leave and questioning your career path.

NJ: I had been a hospitalist for about 13 years, and the time had come for a change. I was growing really tired of what we call the systole and diastole of the hospitalist schedule. The week on, week off intense schedule that was so grinding. I always felt that I was either completely absent from my family life or I was always there constantly in the way moping around the house.

I found that as a teaching hospitalist I was kind of getting in a rut with patient care and also with teaching. I actually gave the exact same feedback to the same resident two weeks in a row without realizing it.

HF: Well, how did you find out that you had done that?

NJ: Oh. Well, one of my superiors heard about it and ended up telling me about it.

HF: Oh, no. The resident didn't say anything to you?

NJ: No, no. It was all hearsay.

HF: I see. Well, maybe it was important feedback, but anyway you got wind of this, and I'm sure that wasn't easy to hear.

NJ: No, absolutely. All this kind of came to a head when I received some negative feedback from a colleague about my teaching and overall lack of engagement. It was a wakeup call. Definitely.

- HF: Ouch. That kind of feedback is never something that is easy to hear, but you're absolutely right. It can make us step back a little bit and re-examine what's going on.
- NJ: You're absolutely right. I realized that I had to do things better. That I either had to make the job better or make myself better. So, I chose to do both.
- HF: How did you do that?
- NJ: First, I realized that I didn't want to just quit without trying my best and be the best person I could be for this job. First I backed off of some of the extracurricular roles I had. I quit my job as section Chief of Internal Medicine, which was pretty humbling at the time to do that. Next, I negotiated myself a better schedule. So I went to a 0.75 FTE, which meant that I had far fewer scheduled weeks on.
- HF: Well, this fits my motto of what I say, "Fix it up before you give it up." And I think it's a really wise thing to do, because if you just leave when you're feeling depressed or burned out or discouraged and dissatisfied, you don't know if it's more circumstantial or if there's really true reasons to leave.
- NJ: I also redoubled my efforts to get myself healthy, mentally and physically. I realized at that time that I was pretty depressed and needed some help. I got some medication adjustment and counseling. I'm a big proponent of that for my friends and colleagues. My wife, as you know, Dr. Sarah, is a psychologist and I'm a big proponent of her work.
- HF: And she's been on the podcast and she did a great job.
- NJ: She has.
- HF: Yes, she did, talking about physician anxiety. That was an excellent episode.



NJ: Yes. She loved it. She had a great time. At that time, I started waking up early with Sarah and working out every morning. I packed my lunch, I started doing meal planning. I lost a significant amount of weight and felt a lot better. And I also spent more dedicated time preparing for my resident teaching and stopped giving canned kind of lectures.

HF: Those are some major changes, Nick. We're talking major here.

NJ: Yes. It was a lot of effort. And it turns out I still hated it, being a hospitalist.

HF: Oh, okay. Well, we're trying to identify baby or bath water.

NJ: Exactly.

HF: It sounds like you're getting closer to the source here.

NJ: Exactly. But I felt that I at least did some good work and went out with my head held high. At that point I was wondering where do old hospitalists go when they're put out to pasture?

HF: You're funny, Nick. Where do shoes go to die? I remember reading that in this book about hiking the Appalachian Trail. Where shoes go to die.

NJ: Exactly.

HF: They've been used, they're worn out. They're tired. Not much more tread on them. Yeah, I'm sorry, go on.

NJ: Yeah. Now I had to make some decisions. This was a very exciting time in my life.

HF: Yes. Well, I want to back up for a sec, because obviously I mentioned in the intro that you started this direct primary care practice, so it wasn't as if you hated being a doctor and caring for patients. Those feelings might have been affected in different ways. But I'm curious, because that's a strong word to use, when you think about why you were feeling that way back then, what was it that you were really hating?

NJ: Yeah. I saw a lot of illness and death in my 13 years as a hospitalist. I think that just, the burden of the high acuity medicine. For example, I was a hospitalist during COVID and served several months on the COVID wards seeing many, many deaths. And I don't think I ever really processed that as well as I could have. And I think that was one of the many things that led to me being burnt out.

HF: Well, that's understandable. I've spoken with a number of physicians who were residents or just starting during COVID and they feel burned out. That was just too much for them. And so, I think you're talking about something real that a lot of physicians have experienced, but maybe haven't even named the different emotions that they felt. Well, this is not where the story ends. That may have been, in some ways, what you needed to do, which is to get away and take care of yourself. So, catch us up now to how you got to this place where you were thinking about a practice.

NJ: As I mentioned, I went to a 0.75 full-time equivalent, which meant that I had far fewer weeks on. And by virtue of the way the schedule had been planned, I ended up with three months off.

HF: Okay. Good amount of time.

NJ: Exactly, exactly. I really utilized that time as a way to explore things that I enjoyed.

HF: What did you do? What were you looking at? You had something you were doing in the neighborhood, I remember.



NJ: Yes, yes. I'm a little bit of a neighborhood Mixologist.

HF: Yeah, that's right.

NJ: Yeah. One of my favorite things to do is to make a cocktail for a friend by the pool. I thought, what is something that I can do just for fun and just for myself? I actually did a two week bartending course.

HF: Nice. I think this is something that is often counterintuitive because when we take a break and we don't know where our careers are going to go, we might think, "Okay, I need to buy, what color is my parachute? I need to listen to all these podcasts. I need to figure it out." But sometimes that's exactly not what you need. And the best thing is to just do things that are fun, that reconnect you with your heart and your interest, and get your blood flowing again so you can even have a little bit of energy and interest to think about something later on.

NJ: For the first several weeks, I just chilled out. And just for the first several weeks, I relaxed, I spent time with family. I read a bunch, but I didn't read medical stuff. I pursued things that I had been wanting to do for some time. And then I came across this bartending course, that was Monday through Friday, 09:00 to 05:00 for two weeks, and I got certified as a bartender.

HF: That is great because we are so used to doing things that we feel stepwise will lead us somewhere. And if we don't see how it's going to get us to that job or career, we may not do it, but we just need something to make us start to feel alive again.

NJ: Absolutely.



HF: You did the mixology course and you're doing the bartending. What led you to consider the DPC? Because I know when we worked together, starting your own practice and or doing a business was the furthest thing from your mind.

NJ: It was, it was. It was a journey to get there.

HF: What else did you think of and do to get you thinking about a direct primary care practice?

NJ: Like most things in my life, I can give thanks to my wife, Sarah, for giving me the idea, talking with family and friends about potential roads to take. And somebody asked me about concierge medicine. Now, I hadn't had any exposure to concierge medicine, and I didn't have just the highest opinion of it at that time. I thought it was just sort of taking care of rich people. But I read about it and I learned about direct primary care and that got me excited again. I devoured all the books on the topic and met with a local DPC doctor who got me hooked up with a company to help me out.

HF: I think that's so interesting because sometimes when we are trying to figure things out at the crossroads, we do worksheets, we talk to people, we may do a lot of self-evaluation and we are frustrated because we can't come up with what we're supposed to do. And actually having more time and not trying so hard to figure it out, this is what came up on the podcast interview I did with Dr. Jennifer Randall. She had to step away and stop trying and do things like you did, what she enjoyed, before something came next that she wanted to do, which was teaching.

NJ: Yeah, you're absolutely right. Sometimes I felt like I was holding on so tight to my identity as a hospitalist and as a physician. And once I relaxed a little bit and could see to let my life sort of take shape, I realized where medicine fit in with my life.



HF: Yeah. Now we're going to talk a little bit about how you started moving forward into this decision, which it's not an inconsequential thing to start your own practice, especially the times right now are challenging.

NJ: And I had zero business background, no business training whatsoever. I was pretty terrified.

HF: All right. But you didn't go out and do an MBA or you didn't shut the idea down.

NJ: Exactly. No, I read a lot of books on the topic and I talked to my neighbor's friend who is a local DPC doctor and she got me real excited with the prospect.

HF: And then what were some of the first steps you took?

NJ: Yeah. Initially I had pictured kind of the clinic that you had described in the beginning.

HF: Oh, really?

NJ: Yeah. A big space and actually with multiple providers involving Sarah. So, having an onsite psychologist.

HF: Therapist. Yeah, there's your therapist.

NJ: Yeah. Onsite therapist looping in nutrition and all those things. I looked at spaces and I looked at this big 2,000 square foot office and actually had plans done for it. And it was going to be like \$150,000 to build out the space.

HF: Oh, wow. So you really looked into it and you were going in that direction.



NJ: Exactly. And then I realized I don't need all of this space. I don't need all this stuff. Really all I need was my stethoscope and an electronic medical record and myself. So, after I got the malpractice insurance and started the LLC and did all those things, I started on September 5th of last year, launched with three patients.

HF: Yay.

NJ: Yeah. And I started out by doing just home visits because I didn't have a space yet.

HF: That is great. So that was your lemonade stand.

NJ: Exactly right. Exactly right. I just tried to pare it down to the basics of what I really needed. So, malpractice insurance, stethoscope and me.

HF: A stethoscope will travel like the old time doctor.

NJ: Exactly right. Exactly right. I got an Evergreen Internal Medicine magnet and stuck it on the side of my pathfinder, and that was the Evergreen Internal Medicine mobile.

HF: I love it. That is so great.

NJ: Yeah, people started noticing me drive around town. I got an entire family of patients because somebody saw me at Starbucks with my Evergreen Internal Medicine sticker on the back of my car.

HF: Now, that's a nice cheap way to advertise that. I think that's one of the mistakes people often make when they start a business is they pay for someone to do marketing and advertising. It costs a ton of money and it doesn't do anything.

NJ: Yeah. I have done a lot of experimentation with marketing, print marketing, think different things like that, buying things on online. And what I found to be my best marketing tool are my patients. Especially the patients that are satisfied and happy and love me. And they tell their friends and family, and then I get new patients.

HF: Yes. Word of mouth, those are the best referrals and it's free.

NJ: As I started to build out my practice, I rented a small space in a wonderful part of Carmel and just, I had to figure out how to outfit a clinic kind of on the cheap. First, I looked for my exam table and those can be quite expensive through online providers. So, I found one at a flea market.

HF: Oh, really? An exam table. Was it an antique exam table or what?

NJ: No, no, it was great. It was a Ritter and it was just fine.

HF: Oh, I love that. A flea market exam table. You go Nick.

NJ: Yeah. And I got as much community exposure as I could. I went to all these different festivals, little music venues and talked to as many people as I could. I put Evergreen Internal Medicine on t-shirts and slapped them on my kids and my neighbor's kids.

HF: You can pay your children and that could be a business expense even.

NJ: I am learning about that. Yes.

HF: And that is great. You took them to festivals and to small concerts, and what was it like when you went up to people? Did you get funny stares or did you have people be "Oh, wow, a doctor is here? I'd love to ask you a question."

NJ: It was really interesting learning to promote myself as a doctor. As a hospitalist, I always had just as many patients as I needed. And now I'm selling myself to these potential patients. It's definitely a shift, a mental shift. But when I tell people what I do, that you can get an appointment the same day or the next day. That I can come to your house, that you can text me, I get so many positive reactions from people. I constantly have people say, tell me, that this is the way that medicine used to be.

HF: And you're right, that is a huge shift for us. We are not accustomed to having to do any type of promotion usually, especially a lot of us are really employed at this stage of the game here. And it is a shift. I like to think of it as we're not selling, but we're helping people be aware of our services in case it could be something valuable for them.

NJ: Yes. I find that I get so excited about this practice and the service I'm able to provide for people. It really is just instead of having to sell a bad product, I get to tell people about something I'm excited about.

HF: Yeah. And that enthusiasm really conveys to people. We're getting close to time to wrap up here, but I want to take a short break and then I'll be right back to ask you a few more questions. So, don't go away.

Hello, my dear listeners. I wanted to let you know again about my freebies on my website. You can go to doctorscrossing.com and at the top of the page there is a freebies tab, and I have a physician starter kit there. It's a very hefty PDF if you're at the crossroads and are trying to look at "Well, should I stay? Should I go? What can I do to improve my situation? What are my career options?"

This is a freebie you can download and then there are a bunch of others on interviewing, LinkedIn, resumes, pharma, medical writing, time management. So if you're interested in checking out the freebies, just go to doctorscrossing.com/freebies. And I'll also put this link in the show notes.

Now I'm coming back here with my wonderful guest doctor Nick Jenkins, and we're going to ask a few more questions. There's so many I'd like to ask, but I am curious, Nick, if you can talk just briefly before we wrap up. Now that you have this practice going, you're at your one year anniversary mark, what would you tell a physician who has an idea of something they want to try that they've never done before and seems very daunting? Do you have any advice for them?

NJ: That's a great question. Just like you said earlier, I think breaking it down to smaller pieces, breaking this huge monumental goal that you have set out in your mind that is so daunting. Breaking it down into achievable steps. When I first started thinking about this clinic, I was very daunted and I looked at all these resources, educated myself on them, but fundamentally I broke the problem down into achievable goals.

HF: And you got very creative about it. I think we often think we have to do things to the nines and maybe impress somebody with having a big fancy shiny office. But you started with something much more reasonable. You went to the flea market, you got your kids to help you, you did more of a grassroots approach.

And now that you've been doing this for a year, what would you say is the response from patients? Did they need a really big office and a whole elaborate staff to be served well?

NJ: No, absolutely not. I've found that the most important element of the patient-physician interaction is just the interaction itself. Being there as one human being to another. I think it would be nice at some point to have a big fancy office with shiny equipment and all that. But right now I'm getting to see so many wonderful people and really have an impact on their lives. And I don't need a big fancy office for that right now.



- HF: That is such a great point. And I think too, when we keep it simple, we prioritize what's fundamental and you said the relationship. You could be sitting under a tree with that patient and they could still be very well served.
- NJ: You're absolutely right.
- HF: Well, this has been a wonderful conversation. I so appreciate you coming on to talk about this DPC that you created. Congratulations on your one year anniversary. My last question for you, Nick, is where would you put your satisfaction on a scale of zero to 10? With 10 being you love what you're doing, zero being you hate it.
- NJ: I am at a 10 right now.
- HF: Wow.
- NJ: Yeah. I haven't regretted the change once in a year. I've grown so much and learned so much. I've met so many wonderful people. Yeah, I wouldn't change a thing.
- HF: I'm super happy for you. I'm really proud of you. Congratulations on doing this, and I'm sure your story will help other physicians realize they can just start now. They can start today, and they can also be happy too.
- NJ: You're absolutely right. Thank you so much for having me on the podcast.
- HF: You're welcome. And thanks again for coming. All right, my dear listeners, thank you so much for being here and I appreciate you sharing the podcast. I really appreciate you reviewing the podcast on iTunes. That really helps other listeners be motivated to come and try us out. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.



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Podcast details

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